


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 20 AM 11:28

DOCUMENT # A94000000403 1. Entity Name MANDARIN/LORETTO DEVELOPMENT, LTD.	
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Principal Place of Business 11701-46 SAN JOSE BLVD JACKSONVILLE, FL 32223	Mailing Address 11701-46 SAN JOSE BLVD JACKSONVILLE, FL 32223
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address PO BOX 50817 Suite, Apt. #, etc.
City & State	City & State JACKSONVILLE BCH FL
Zip Country 32240	Zip Country



03132008 Chg-LP CR2E003 (12/06)

4. FEI Number 83-0345835	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent DARABI, FARZIN 11701-46 SAN JOSE BLVD JACKSONVILLE, FL 32223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP L02000031740 D2K, L.L.C. 11701-46 SAN JOSE BLVD JACKSONVILLE, FL 32223	STREET ADDRESS CITY-ST-ZIP
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700120816377
03/20/08--01022--013 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *F Darabi* **3-13-08** **904-294-6093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE